Appendix G
Ad Hoc Committee on Models for Community Health Practice

A report given in response to the *1999-2004 Texas State Health* Plan goal:

Goal 6: Create a health care workforce that works with communities and in partnership with federal and state governments to have the greatest impact on the health of citizens.

Objective 6.1: Design systems in which local communities are empowered to plan and direct intervention that have the greatest positive impact on the health of citizens.

Texas Statewide Health Coordinating Council

January 13, 2000

Texas Statewide Health Coordinating Council
Ad Hoc Committee on Models for Community Health Practice
Member List

Demetria Montgomery, M.D.
Committee Chair and SHCC Member
Texas Department of Health

Joan Biggerstaff, SHCC Member
Public Member

Vijay Ganju, Ph.D., SHCC Member
Texas Department of Mental Health
& Mental Retardation

Chris Kazen Attal
Diocese of Austin
Seton East Community Health Center

Maxine Hammonds-Smith, **Ph.D. CFLE**
Texas Southern University

Teresa M. Hines, M.P.H.
Health Education Training Centers
Alliance of Texas

Gus Kennedy
Communities in Schools

Amy Wong Mok
Asian American Alliance in Austin
School of Social Work
University of Texas at Austin

Yolanda C. Padilla, PhD
University of Texas at Austin

Ernie Parisi
Llano Memorial Healthcare System

Tracy Randazzo
Texas Hospital Association

Mitchell F. Rice, PhD
Texas A&M University

T. A. Vasquez
Austin Independent School District

Support Staff

Sheila Marie Austin
Texas Department of Health, Public Health Promotion

Michael G. Messinger
Texas Department of Health, Public Health Promotion

Kristin Rosacker
Texas Department of Health, Texas Volunteer Health Corps

Ad Hoc Committee on Models for Community Health Practice

INTRODUCTION

The 1999-2004 Texas State Health Plan, developed by the Texas Statewide Health Coordinating Council (SHCC), envisions a Texas where all citizens are able to achieve their maximum health potential. Goal six of the Health Plan speaks to creating a health workforce that partners communities with federal and state governments to achieve the greatest impact on the health of citizens.[1] In keeping with this goal, the Ad Hoc Committee on Models for Community Health Practice was charged to design systems which empowers local communities to plan and direct interventions that have the greatest impact on the health of their residents and all Texans.

When beginning its work, the Committee pursued the charge by striving to understand and determine what was in its feasible scope of action. To arrive at and submit concrete, achievable recommendations, the Committee focused on relationships between diverse communities and the wellness workforce, enabling communities to:

- Apply broader concepts of health and the wellness workforce which encompasses a holistic state of well-being, reflecting an optimal quality of life for all Texans.
- Identify methods for researching the root causes of health status at the community level.
- Facilitate collaboration among diverse populations and segments of the community (e.g., police, academic institutions, businesses, health and social services, etc.) to address community health issues.
- Select methods to identify new and existing local leadership for developing a holistic community health agenda.
- Determine the local community's expectations from public, nonprofit, and private entities to support their community health efforts and develop methods to enhance these relationships.

Working Definitions

To establish a common base from which to work, the Committee identified and agreed on the following definitions that underpin its activities and work products.

- **Community Assessment** - regular collection, analysis, interpretation and communication of information about health conditions, risks and assets in a community. [2]
- **Community Health** - a condition of the collective whole of the community which encompasses the interrelationship between the spiritual, mental, physical, and social elements that embody an individual's ability to optimize their potential for wellness. It acknowledges the relationship between individuals, families and their environment.
- **Health** - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. [3]
- **Health Continuum** - a theoretical spectrum ranging from birth to death that supports potential changes of health status.
- **Health Workforce** - licensed or certified health professionals as listed on page C-3 of the *1999-2004 Texas State Health Plan, Ensuring A Quality Health Care Workforce for Texas*. This definition has been expanded to include the increasing range of community health practitioners, providers and leaders who promote therapies and practices that have been viewed as outside of the traditional medical model. The Committee determined this ever expanding group may be better defined as a **Wellness Workforce** and it will be referred to as such throughout this document. Additionally, every member of the community has a role in the wellness workforce.
- **Root Cause** - underlying factor at the individual, family, community and state levels that have the greatest impact in shaping health attitudes, behaviors and conditions.

BACKGROUND

The Committee recognized the residents of the diverse communities across Texas as experts on the health of their communities. Therefore, it was fundamental to include their thoughts, concerns, ideas and wishes in any legitimate planning that seeks to build partnerships between community members and the wellness workforce. To ensure community inclusion, the Committee sought the expertise of representatives

of community-based organizations, conducted focus groups, researched a variety of topics, and offered supplemental information and expertise to Texas communities. Based on this input, the committee defined core principles of community health and addressed the importance of health planning in improving the health of communities.

Core Principles of Community Health

Community health is predicated upon a foundation of commitment, involvement, and social justice. It encompasses the spiritual, mental, physical, and social elements that embody an individual's ability to optimize their full potential to improve their quality of life. This broad foundation of community health was a prevalent theme in the focus groups and was represented in participants' statements regarding community health, such as: "wholeness," "balance," "yin and yang," "mind, body and spirit" and "We can take more responsibility for our community." Every individual member must take responsibility to make healthy choices and be committed to creating an environment that is nurturing, inclusive, and conducive to optimal health. A healthy community achieves social equity by encouraging people to feel connected to one another and to care for each other willingly and with compassion. To that end, the Committee developed the following guiding principles as a baseline to be adapted by communities and stakeholders.

Community health is the shared responsibility of all members of the community working collaboratively to develop an infrastructure that:

- Is owned by the community and not imposed upon the community;
- Uses as its foundation the values, knowledge, and resources within the community;
- Makes data accessible at community, city, and state levels in a manner that is easily understood;
- Requires the development and active support of responsive social policy at the federal, state, and local levels;
- Addresses the health continuum, including prevention, health education, health promo-tion, management of chronic conditions, and care for illnesses;
- Provides the tools needed to manage a healthy lifestyle;

- Educates the community on the methods available to assess community health status and assists in creating proactive solutions based on identified community health priorities;
- Honors cultural and ethnic diversity; and,
- Results in a system that is available, accessible, acceptable, and sustainable by the diverse
  community it serves.

Accepting the above core principles:

- Fosters compassionate connectivity;
- Creates the realization that health is everyone's concern; that individuals and the community share the responsibility of taking care of one another;
- Motivates individuals to make healthy choices and respects individual choice;
- Encourages employers to develop both health policies (insurance coverage) and healthy policies (reasonable work hours, vacation time, and wellness activities); and,
- Defines the terms *family* and *health care provider* in a broad sense.

These core principles of community health serve as the foundation for a broader concept of health and the wellness workforce.

Broader Concept of Health and the Wellness Workforce

A common theme pervasive in presentations to the Committee and in the focus groups was the need for individuals, the community, and policy makers to acknowledge and support the concept that the community's health is multidimensional and encompasses spiritual, mental, physical, and social elements. Data gathered during the community focus groups affirmed that approaches to health improvement rooted in cultural beliefs and practices should be accepted by mainstream health systems as a viable part of the health continuum. For example, a participant stated, "[the health system] needs to be open to accepting different types of treatment." It is important that we acknowledge the role culture and ethnicity play in determining which providers, practitioners, or services are considered first-line health interventions by specific populations.

For example, committee members representing diverse cultures and beliefs noted that the term "alternative medicine" does not accurately or sensitively reflect the role of Eastern practices in Asian American communities. Neither does the term "non-traditional medicine", since these practices may be traditional for that community. Terminology in community health must evolve to reflect the diversity of Texas communities.

The committee also noted the increasing use of practices that have been termed as "alternative medicine" in the general population. It was recommended that more research is needed to understand and educate practitioners and the public regarding the safety and effectiveness of these options.

The Health and Wellness Workforce

Acknowledging a broader concept of health requires expanding the list of possible partners in the wellness workforce. This expanded list must include licensed or certified health professionals including the increasing range of community health practitioners, providers and leaders whose work has been viewed as outside of the traditional medical model. Focus groups supported the concept of a broader health and wellness workforce through the following statements addressing who is responsible for their health: "self, family, peers, co-workers, employers and everybody else keeps us healthy," "a workforce that mirrors our community" and "needs to be one of the people; someone who understands, lives with and knows the people." This expanded list must reach beyond the traditional mindset and into the community itself. Table G-1 includes potential partners identified in Committee discussions and in focus groups. It is not intended to be an exhaustive list of partners.

The next step is to promote this broader vision. Promoting broader concepts of health and the wellness workforce requires marketing to health care providers and communities using a targeted approach that ensures acceptance and investment. A comprehensive campaign could include the following activities:

- Conduct forums to explore a community's definition of health and determine their expectations of the wellness workforce.
- Develop advocates who already are trusted and recognized as catalysts or champions in their respective communities from the ranks of informal and

formal community leaders (e.g., faith community, government, grassroots, etc.).

- Gain the endorsement of state and local officials to promote efforts and to serve as campaign spokespersons to underscore the value and importance of these campaigns.
- Develop partnerships between traditional and non-traditional health plans and with professional licensing boards to advance broader concepts of health and the wellness workforce.
- Initiate and facilitate dialogue between health insurance plans, primary care specialists and health educators regarding the development of partnerships emphasizing preventive health practices (e.g., offering incentives and reimbursement schemes to cover preventive care measures and behaviors).
- Build collaboration between the Texas Department of Health and educational entities to redesign and incorporate wellness-oriented curricula in grades Kindergarten-12. A similar strategy would be used to expand curricula for health care professions (e.g., schools of public health, community nursing and social work) to include broader concepts of health and the wellness workforce.

It is important to acknowledge that community health improvement is an ongoing process. In addition to recognizing the importance of the assessment process, the Committee acknowledges the necessity to use the information gathered to determine community identified goals, implement action plans and intervention strategies and evaluate their effectiveness. Finally, due to the dynamic nature of communities, it is crucial to include all sectors in collaborative efforts striving towards optimal community health.

In summary, the committee recognizes the following concepts in defining the health workforce:

- There is a central core health workforce composed of an expanded list of professionals and paraprofessionals devoted to core health fields;
- There is an even broader "wellness workforce" which contributes to the health of the community and includes all who contribute to the community's quality of life, including community leaders, families and individuals.

- Communities in their unique culture and traditions may have their own perceptions regarding the wellness workforce. A better understanding of this workforce is needed in order to better serve and protect the health of the community.

Community Assessment

The focus groups supported the need for the gathering and sharing of community information by stating the need for: "easy access to trends and other statistics," "knowing what works with your community to change behavior," "knowing limitations and resources" and "re-evaluating what we are doing." This in-depth inventory provides a clear picture of where the community stands at the time of the assessment and a launching pad to achieve optimal health status. The wellness workforce has an obligation to offer resources, information and skills development to aid communities in their assessment efforts.

By embracing a broader concept of health and the wellness workforce approach, the community is now prepared to look critically at their health status and strive for a self-defined goal. A comprehensive assessment would capture a snapshot of existing strengths and challenges that impact optimal health. Community assessments must originate at the community level. It is critical to conduct a comprehensive inventory of assets, deficits and risks as defined by the community before determining strategies and policies.

A thorough community assessment must look at all levels of community health efforts. The first of the ten essential public health functions, "Monitor health status to identify community health problems," speaks directly to the process of community assessment. So do the functions that deal with "informing, educating, and empowering the public about health issues," and "mobilizing community partnerships to identify and solve health problems." These essential functions have now been codified into state law through House Bill 1444 passed in the 76th legislative session.

Assessment tools such as The National Public Health Performance Standards, which are based on the ten essential public health functions, focus on how public health professionals and their health care partners work with a community to assess needs, develop plans, and implement strategies to improve the health of a community. These

processes are an essential first step to working positively with communities and building community partnerships. To ensure the effectiveness of these strategies, a community must identify the true source of its issues. By examining assets and deficits at their root it is possible to replicate positive and prevent adverse events.

Other tools can be used to assess and paint a picture of a community's health. Those attempting to understand and address events or trends that impact the community often overlook Root Cause Analysis. A cursory look at the events or trends may not reveal the core issue. However, closer examination may point to a root cause that will identify the underlying factors that shape health attitudes, behaviors and conditions. Although there are many approaches and methods for determining root cause it is necessary to look to methods lay people and professionals alike can understand and implement. The committee recommends a community adopt a user-friendly tool. For example the "5W1H" method, a problem solving technique involving asking "Why?" five levels deep, then asking "How?" we can prevent this from happening again.[4] Asking "Why?" five times is a simple, yet effective, method of going beyond the surface of an event to determine the ultimate cause. Then by asking "How?" the community may begin to plan and implement intervention strategies and sustainable solutions.

Conclusion

To support the proposed recommendations, it is imperative that policy makers work with communities to create an infrastructure that facilitates and encourages change that is positive, dynamic, fluid and sustainable. This infrastructure must empower individuals and communities by removing barriers that hinder positive change and by linking community members with capacity building resources. By embracing these concepts a community will be able to apply information gathered through comprehensive assessments to develop a broader concept of health and an expanded wellness workforce which is rooted in a common vision of community health. This broader understanding health and the wellness workforce approach will ultimately lead a community to their goal of optimal health.

AD HOC COMMITTEE RECOMMENDATIONS

Recommendation One: Encourage communities to adopt a common vision of community health that speaks to the uniqueness, assets and needs of each community member.

Responsibilities:

- Informal leaders and mentors
- Neighborhood associations
- Faith/spiritual leaders
- Planners and officials
- Health professionals

Recommendation Two: Adopt and support a broader concept of health and the wellness workforce.

Responsibilities:

- Traditional providers
- Professional associations and organizations
- Planners and officials
- Health professionals
- Communities

Recommendation Three: Conduct community-driven assessments with emphasis on the investigation of root causes.

Responsibilities:

- Informal leaders and mentors
- Technical assistance from trained professionals (e.g., state and local agencies, schools of public health, etc.)

Acknowledgments and Contributions

The Ad Hoc Committee on Models for Community Health Practice acknowledges with deep appreciation the persons who participated in the focus groups. Thank you for graciously sharing your time, thoughts and energy with enthusiasm and candor. Moreover, thank you for trusting us to be responsible stewards of your contributions.

Austin - 2 groups - Asian American Alliance and Texas Hospital Association Committee on Quality Indicators and Patient Information

Castro County - 1 group - Anglo - Health Outlook Planning Education (rural community group)

San Elizario -1 group - Latino - community health workers (conducted in Spanish)

Houston - 3 groups - African American - VISTA volunteers / retired professionals and non professionals

Laredo - 1 group - Multi-ethnic - health professionals

McAllen - 2 groups - Latina - single moms / single women without children

Presentations

Father Jaime Case, Executive Director
El Buen Samaritano
Topic: Overview of El Buen Samaritano, a community based organization

John E. Evans, Deputy Commissioner
for Community Health and Prevention
Texas Department of Health
Topic: Cultural Diversity in Communities

Phyllis Griffith, Retired Parish Nurse
Topic: Parish Nursing/Congregation Health Ministries

Maxine Hammonds-Smith, Director
Center for Aging/Intergenerational Wellness
Texas Southern University
Topic: The Three Cs (Church, Campus and Community) Model

Gus Kennedy, Executive Director
Communities in Schools
Topic: Overview of Communities in Schools in Hidalgo and Willacy Counties

Demetria Montgomery, MD, **Associate Commissioner for Community Dynamics and Prevention Strategies**
Texas Department of Health
Topic: Public Health Principles and Underlying Determinants of Health of a Community

Tracy Randazzo, Director of Health Care Quality
Texas Hospital Association
Topic: Use of A Framework For a Root Cause Analysis and Action Plan in Response to a Sentinel Event form as a tool for determining root causes

Donald A. Sweeney, DED, Associate Professor
Department of Landscape Architecture and Urban Planning
Texas A&M University
Topic: Resources on Building Community Models

T.A. Vasquez, Community Liaison
Austin Independent School District
Topic: After School Program at Zavala Elementary School

Endnotes

1. Statewide Health Coordinating Council. *The Texas State Health Plan 1999-2004: Ensuring A Quality Health Care Workforce for Texas.* Austin, TX, 1998.

2. Institute of Medicine. *Improving Health in the Community: A Role for Performance Monitoring.* National Academy Press, Washington, D.C., 1997.

3. Last, John A. *A Dictionary of Epidemiology, Third Edition.* International Epidemiological Association, New York, 1995.

4. Perkinson, Larry. "Adding value to behavior-based data", Penton Publishing, Inc. 1996.

Other Sources

Centers for Disease Control. *Texas State Health Profile.* Atlanta, GA, 1998.

St. David's Foundation. *The Root Cause Project Briefing to Health Leadership Committee*. Austin, TX, 1999.

Texas Department of Health, Coalition Task Force. *Coalition Building: A Healthy Community is Everyone's Business.* Texas Department of Health, Austin, TX, 1996.

Texas Department of Health, Community Oriented Primary Care. *Community Assessment Guidelines and Resources.* Austin, TX, 1998.

Texas Department of Health, Health Promotion Project Standards Task Force. *Quality in Health Promotion.* Austin, TX, 1996.

Texas Department of Health, *External Assessment,* Austin, TX, 1999.

Texas Department of Health, Texas Volunteer Health Corps. *Road Map to a Healthier Neighborhood.* Austin, TX, 1999.

Table G-1. Examples of Partners for the Wellness Workforce *

Public Safety Personnel	Department of Public Safety personnel Emergency Medical Technicians Firefighters Police officers
Local/State Government	City council members City planners Elected officials Health officers (public health, community health, occupational health) Policy writers
Higher Education System	Administrators Board members Professors Student representatives
Religious/Spiritual Community	Clergy/Spiritual Advisers Parish Nurses/Congregation Health Ministries
Primary through High School Educational System	Administrators Coaches Guidance counselors Health educators School board members Student representatives Teachers
Complementary Medicine Specialists	Acupuncturists Herbalists Homeopaths Meditation/relaxation specialists Message therapists Naturopathy practitioners
Families	Community Health Workers Family care-givers Grandparents Parents
Business Community	Chambers of Commerce Corporate CEOs Insurance providers Small business owners
Consumer Groups	Advocates for Responsible Disposal in Action Better Business Bureau, Inc. Public Citizen Texas Texas Citizen Action Taking Texas to 2000 Texans for Public Justice Texas Alliance of Human Needs

* Not an all-inclusive list.